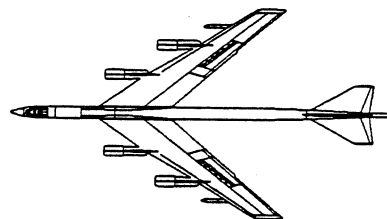
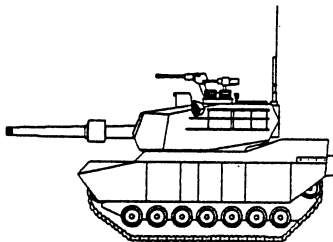
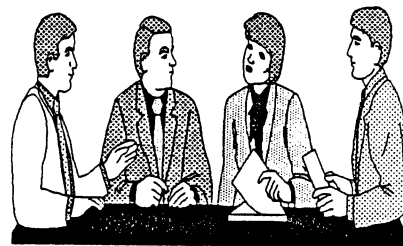


AGO TPP 610
SUPPLEMENT 1

LEAVE SHARING PROGRAM
FOR
ARMY AND AIR TECHNICIANS
OF THE
KANSAS NATIONAL GUARD



STATE OF KANSAS
ADJUTANT GENERAL'S DEPARTMENT
TOPEKA, KANSAS 66611-1287

Karen Dreher
AGKS-SPMO

Adjutant General's Office
Technician Personnel Pamphlet
Supplement Number 1 610
Supersedes AGO TPP 610, Supplement 1
dated 1 January 1989

State of Kansas
The Adjutant General's Dept
Topeka, Kansas 66611-1287
1 June 1994

LEAVE SHARING PROGRAM

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LEAVE SHARING PROGRAM

1. This program establishes procedures which allows technician employees to donate annual leave for use by other federal employees. It is intended to help employees who have exhausted their leave because of a >medical emergency that involves the technician or a member of the technician's family.< Only accrued annual leave may be transferred; sick leave may not. The minimum absence must be >three work days (24 hours);< there is no maximum.

2. Employees with insufficient leave to cover a required absence may apply for transfer through their supervisors. Application forms are available from the local Publication Office through the first-line supervisor. The completed application must include >medical documentation by a physician fully describing the medical emergency.< The employee's immediate supervisor will forward the application for transferred leave to the Support Personnel Management Office, ATTN: Leave Sharing Program. Upon receipt, it will be provided to the Support Personnel Management Officer for review and approval/disapproval. If the application is approved, the SPMO will advertise asking others to voluntarily donate annual leave.

3. It is anticipated that other employees may be aware of the technician's plight and wish to donate annual leave without being solicited. In these situations, leave donors may make written request to the approving official to transfer a specified amount of annual leave from their account to the annual leave account of the recipient's. These requests will only be utilized if the designated recipient has been approved for program participation.

4. Unused donated leave (see section 12) will be returned to the donor. This program is designed to be a one-for-one leave transfer program with donor's leave specifically given to an individual.

>5.(ADDED) The agency of the leave recipient is required to accept donations of annual leave from employees of other agencies if any of the following conditions are met:

a. The leave donor is a family member of the leave recipient;

b. The leave recipient's employing agency determines that the amount of annual leave donated within the agency may not be sufficient to meet the needs of the leave recipient; or

c. In the judgement of the leave recipient's employing agency, acceptance of leave transferred from another agency would further the purpose of the voluntary leave transfer program.<

>6.< DEFINITIONS:

- a. Agency: Defined as the organization of assignment
- b. Employee: An individual who meets the definition under 5 USC 6301(2).
- c. Leave Donor: An employee who voluntarily provides a written request to make an irrevocable, supervisory approved transfer of annual leave to the annual leave account of a leave recipient.
- d. Leave Recipient: A current technician for whom the employing agency has approved an application to receive annual leave from the annual leave account(s) of one or more leave donors.
- e. >Medical Emergency: A medical condition suffered by the employee or employee's family member< that is expected to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave (minimum of >24< hours).

>f.(ADDED) Family Members:

- (1) Spouse and parents, thereof;
- (2) Children, including adopted children, and spouses, thereof;
- (3) Parents
- (4) Brothers and sisters and spouses, thereof;
- (5) Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.<

>g.< Approving Official: The Support Personnel Management Officer will act as the approving/disapproving official for receipt of transferred annual leave.

>7.< LIMITATIONS:

a. Leave Donor:

- (1) May not donate leave to their immediate supervisor.
- (2) A potential leave donor must have a sufficient number of hours of accrued annual leave in order to donate leave. Donating leave earned in future pay periods is prohibited.

(3) In any one leave year, may donate no more than a total of one-half of the amount of annual leave he or she would be entitled to accrue during the leave year in which the donation is made. (Example: An employee who earns 208 hours of leave during the year may donate a maximum of 104 hours.)

(4) Who is projected to have annual leave that otherwise would be subject to forfeiture at the end of the leave year may donate no more than the number of hours remaining in the leave year (as of the date of the leave transfer) for which the donor is scheduled to work and receive pay. (Example: The leave donor has 120 hours of annual leave on the books with one pay period (80 hours) remaining during the leave year. The donor is scheduled to take 40 hours annual leave. Thus, 80 hours annual leave remain on the books. The donor may donate 40 hours of leave (equal to the amount he/she will work) and other 40 hours will be forfeited.))

b. Leave Recipient:

(1) May make written application to become a leave recipient if they expect to be absent from duty, in an unpaid leave status for at least >three (3)< days due to a >medical< emergency.

(2) Must use annual leave that accrues to their account before using transferred leave. (Example: An employee utilizing donated annual leave accrues annual leave during the leave period. The leave earned must be used first before any additional donated leave may be used.

(3) Must provide documentation to first-line-supervisor to verify the need for donated leave, and may be asked to provide subsequent verification throughout >medical< emergency status.

(4) Subject to the condition above, may use donated leave for the same purposes as if he or she had accrued the annual leave to include substituting the leave retroactively for periods of leave without pay (LWOP) or use to liquidate an indebtedness for advanced annual or sick leave granted on or after 30 October 1986, if the leave was originally granted due to a >medical< emergency. Request for leave substitution must be received by the approving official within twelve (12) months of the absence period for which is being applied.

(5) May not:

(a) Transfer transferred annual leave to another leave recipient

(b) Use transferred annual leave for a lump-sum payment upon separation from government service.

>8.< PROCEDURES:

a. Requestor. A requesting technician who has been affected by a >medical< emergency on or after December 22, 1987, may make written application, utilizing >OF 630, Leave Recipient Application Under the Voluntary Leave Transfer Program<, to become a leave recipient. If the technician is incapable of making application on their own behalf, another employee of the Kansas National Guard may make application on their behalf. All applications will be forwarded through the affected technician first-line supervisor to the Support Personnel Management Office, ATTN: SPMO/POC - Leave Sharing Program. To avoid untimely delays, the application form must be filled out completely, providing all requested information. Letters of justification to support the application may be attached to the >OF 630<, but are not mandatory. Incomplete application forms may be returned for additional information.

b. Upon receipt of an application to receive transferred annual leave, the first-level supervisor will verify and validate the employment information contained in the application. The application must be returned to the applicant if correction or additional information is required. Once the application receives supervisory endorsement, it is forwarded to the Support Personnel Management Office, ATTN: SPMO/POC - Leave Sharing Program, within five (5) workdays from the date of receipt of the application.

>9.< APPLICATION APPROVAL/DISAPPROVAL FOR LEAVE RECIPIENT:
Upon receipt of the completed application form, the SPMO/POC will forward the application to the Support Personnel Management Officer.

a. The Support Personnel Management Officer will review the leave transfer request and either approve/disapprove it based on the nature of the request and support documentation.

b. If the request is disapproved, the requestor will be notified within ten (10) calendar days of the date of receipt. The applicant will be provided direct written notice of disapproval and the reasons warranting such action. Copies of the disapproval will be furnished to the first-line supervisor.

c. If the request is approved, and a sufficient number of leave donors have already made written application to the approving official to support the request, the leave requestor will be notified of the approval within ten (10) calendar days. The written approval will inform the recipient of the name of the donors. Copies of approved application will be provided to the applicant, the first-level supervisor, and the applicable finance office official.

d. If the request is approved, and an insufficient number of donors exist to support the request, the approving official will solicit donors by announcing the technician's need to applicable Kansas National Guard technicians. The requestor will be notified of the approval within 30 calendar days of receipt of the request in the approving official's office or when enough leave has been donated to support the request, whichever is later.

e. The approving official will direct the organizational Comptroller to credit the requestor's annual leave account with a specific number of hours of annual leave, effective at the beginning of a pay period. The Comptroller will also be directed to debit leave donors' annual leave accounts, by the specific number of hours of leave donated, at the beginning of the same pay period. Leave donors will also be notified that his/her written request to transfer leave to the account of the recipient has been approved.

>10.< TRANSFER OF ANNUAL LEAVE

a. An employee may submit to their first-level supervisor or leave-approving official a voluntary, irrevocable request to transfer a specific number of whole hours of accrued annual leave to the annual leave account of a specified approved leave recipient. The request to donate will be accomplished by utilizing >OF 630-A, Request To Donate Annual Leave To Leave Recipient (Within Agency) Under The Leave Transfer Program, or OF 630-B, Request To Donate Annual Leave To Leave Recipient (Outside Agency) Under The Leave Transfer Program.< These forms may be requested from a supervisor and when submitted, must be complete. Failure to provide all of the requested information may cause untimely delays.

b. Upon receipt, the first-line supervisor will review for completeness, add additional data as required, then forward the request to donate form to the Support Personnel Management Office, ATTN: SPMO/POC - Leave Sharing Program.

c. The approval and use of transferred annual leave by an approved leave recipient shall be subject to all the conditions and requirements imposed by Chapter 63 of Title 5, U.S.C., part 630. Upon approval, transferred annual leave received by an approved leave recipient may be accumulated without regard to the limitation imposed by (normally, 30 days - 240 hours) 5 U.S.C. 6304(A).

d. The leave recipient's servicing payroll office must monitor the transfer of donated leave using AGO TPP 610(3) with a completed copy sent to SPMO after the medical emergency has been terminated.

>11.< TERMINATION OF >MEDICAL< EMERGENCY: >A medical emergency terminates:<

a. When the leave recipient's employment is terminated,

b. At the end of the biweekly pay period in which the leave recipient is no longer affected by a >medical< emergency,

c. At the end of the biweekly pay period in which the SPMO receives notice from the Office of Personnel Management (OPM) indicating an approved application for disability retirement.

d. When determined that the >medical< emergency affecting the leave recipient terminates, the first-line supervisor will fill out a AGO TPP 610(4).

e. When application for termination is completed, it will be forwarded to the Support Personnel Management Office, ATTN: SPMO/POC - Leave Sharing Program. The SPMO/POC will forward one (1) copy to the appropriate organizational Comptroller.

>12.< RESTORATION OF TRANSFERRED ANNUAL LEAVE.

a. It is anticipated that situations may arise whereby a technician's >medical< emergency may terminate sooner than expected, thus allowing the technician to return to duty in a pay status, with transferred annual leave still credited to his/her account. In these situations, an attempt to restore the unused transferred annual leave to each leave donor will be made IAW the following OPM policy:

(1) The account of unused transferred annual leave to be restored will be divided by total number of hours originally transferred to the leave recipient.

(2) The ratio obtained in para a(1) above will be multiplied times the hours of annual leave originally transferred by each donor and rounded down to the nearest hour. If the total number of eligible leave donors exceeds the total number of hours to be restored, no unused leave will be restored.

(3) In situations where the leave is not restored, it will be placed in a general pool. It will be used to support leave transfer requests where there are an insufficient number of donors to support the needs of a leave recipient. Any leave remaining in the general leave pool at the end of the leave year will be forfeited.

(4) In no case shall the amount of restored unused transferred annual leave to the leave donor exceed the amount transferred to the leave recipient by the leave donor.

(5) Transferred annual leave restored to the account of a leave donor after the beginning of the third biweekly pay period before the end of the leave year will not count against the maximum carryover of 240 hours for that leave year, but will be counted against the maximum number of hours in the following leave year.

b. Leave may be restored due to administrative error. (5 U.S.C. 6304).

>13.< PROHIBITION OF COERCION.

a. An individual may not directly or indirectly intimidate, threaten or coerce, any other individual for the purpose of interfering with any right an employee may have to donate, not to donate, receive, or use annual leave under this chapter.

b. Adequate publicity will be provided by management officials when an application to receive transferred annual leave is approved. Therefore, the leave recipient is discouraged from expressing any personal solicitations to procure transferred annual leave from other employees.

c. For the purposes of this chapter, the term "intimidate, threaten, or coerce" includes a prohibition to promise to confer any benefit associated with employment (such as appointment, promotion, compensation, hours of work, or assignment of duties) effecting or threatening reprisal for not donating leave.

>14.< RECORDS AND REPORTS.

a. The SPMO/POC - Leave Sharing Program will be responsible for recording and reporting the leave transfer program. Documentation will be developed and maintained to insure all recording and reporting requirements are met.

b. Organizational Comptrollers will provide to the SPMO/POC - Leave Sharing Program payroll data as required.

>15.< PROGRAM CHANGES: As changes become necessary as a result of law or regulatory guidance, changes will be published and provided to the workforce as appropriate.

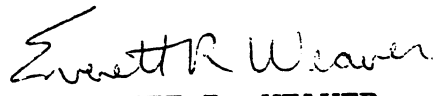
>16.< RIGHTS TO REDRESS.

a. If a bargaining unit member's application for receipt of transferred annual leave is being denied, the applicable Local/Chapter Union President will be notified in advance of the disapproval action and allowed to provide input.

b. The negotiated or agency grievance procedure as applicable, is available to those employees who applied for receipt of transferred annual leave and were denied.

THE PROPONENT OF THIS REGULATION IS THE OFFICE OF THE ADJUTANT
GENERAL OF KANSAS. USERS ARE INVITED TO SEND COMMENTS AND
SUGGESTED IMPROVEMENTS TO THE ADJUTANT GENERAL OF KANSAS,
ATTN: SPMO, >2800 SW TOPEKA BLVD, TOPEKA, KS 66611-1287.<

FOR THE ADJUTANT GENERAL:


EVERETT R. WEAVER
LTC, EN, KSARNG
Support Personnel
Management Officer

DISTRIBUTION:
1 ea Supervisor

Leave Recipient Application Under The Voluntary Leave Transfer Program

Optional Form 630
June 1989
U.S. Office of Personnel Management
FPM Chapter 630

1. Applicant's Name (Last, First, Middle)	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)		6. Payroll Office Number
7. Nature and Severity of the Medical Emergency		

8. Individual Affected by Medical Emergency (Check One) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member	9. Date Medical Emergency Began	10. Date Medical Emergency Ended (or is Expected to End)
11. Name of Physician Who Will Verify the Medical Emergency (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of the illness.)		
12. What is the Applicant's Leave Balance as of End of Last Pay Period?	13. How Many Hours of Leave Without Pay Have Been Used for This Medical Emergency?	
14. Does the Applicant Want a Description of the Medical Emergency Distributed to Servicing Personnel Offices so that Other Employees May Donate Leave to the Account? <input type="checkbox"/> No <input type="checkbox"/> Yes If "YES," Provide the Description Below.		

☐ Check, If the Applicant Does Not Wish to Have Name Used With the Description or Disclosed to Anyone Except Supervisor, the Supervisory Channel and the Deciding Official, and Individuals Who Maintain the Program.

15. Name of Individual Completing the Application (If Applying on Behalf of the Applicant)	Relationship to Applicant	Telephone Number
16. I Certify that the Above Statements are True. Signature of Applicant or Individual Applying on Behalf of the Applicant		Date Signed

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or

regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

17. First Level Supervisor's Recommendation, Signature, and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	18. Deciding Official's Decision. Signature and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
---	---

Request To Donate Annual Leave To Leave Recipient (*Within Agency*) Under The Leave Transfer Program

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law,

rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY LEAVE DONOR

1. Name (Last, First, Middle)		2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level			
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)			
6. Amount of Annual Leave as of End of Last Pay Period	7. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period		8. Amount of Annual Leave To Be Transferred
9. Individual's Name or Identification Number to Whom Leave is Being Donated			
10. Signature			Date Signed

Request To Donate Annual Leave To Leave Recipient (*Outside Agency*) Under The Leave Transfer Program

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave

remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law,

rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

PART A - TO BE COMPLETED BY LEAVE DONOR

1. Name (<i>Last, First, Middle</i>)		2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		5. Relationship of Leave Donor to Leave Recipient (<i>If any</i>)	
6. Leave Donor's Agency (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
7. Amount of Annual Leave as of End of Last Pay Period	8. Amount of Leave Projected to Forfeit This Leave Year as of End of Last Pay Period	9. Amount of Annual Leave To Be Transferred	
10. Leave Recipient's Name, Agency, Agency's Address, Organization (<i>Agency, Department, Office, Division, Branch, etc.</i>)			
11. Leave Donor's Signature		Date Signed	

PART B - TO BE COMPLETED BY EMPLOYING AGENCY OF LEAVE DONOR

INSTRUCTIONS: Upon completion and approval of this form, forward a copy to the leave recipient's employing agency as soon as possible so that the transfer of leave can take place.	
12. Enter the Amount of Annual Leave to Be Credited to the Leave Recipient's Annual Leave Account ►	
13. If the agency is waiving the maximum limitations for leave donation under the Voluntary Leave Transfer Program, describe the special circumstance that warrants the waiver.	
14. Name of Agency Contact Who Can Provide Further Information	Telephone Number
I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation for the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the voluntary leave transfer program.	
Signature of Authorizing Official and Date Signed	

LEAVE SHARING RECORD/LOG SHEET

REQUESTOR'S NAME: _____

SSAN: _____

DATE APPLICATION FOR RECEIPT OF DONATED LEAVE RECEIVED IN SPMO: _____

FINAL STATUS OF APPLICATION: _____ APPROVED/DISAPPROVED

DATE APPROVED APPLICATION PROCESSED TO EMPL/SUPV/CIV PAY: _____

REQUESTOR'S GRADE/STEP: _____

SALARY: _____

SUMMARY OF ACTIONS TO PUBLICIZE REQUEST FOR LEAVE DONATIONS:

DONORS (EMPLOYEES SUBMITTING REQUEST TO DONATE LEAVE):

<u>NAME</u>	<u>GRADE/STEP</u>	<u>SALARY</u>	<u># HOURS DONATED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(CONTINUE ON REVERSE IF NECESSARY)

TOTAL LEAVE DONATED TO REQUESTOR'S LEAVE ACCOUNT: _____

DATE RECIPIENT RETURNED TO WORK: _____

OR SEPARATED FROM EMPLOYMENT: _____

TOTAL DONATED LEAVE ACTUALLY USED BY RECIPIENT: _____

ESTIMATE OF COSTS RELATED TO LEAVE TRANSFER:

<u>INDIVIDUAL/OFFICE</u>	<u>HOURS EXPENDED IN ADMINISTERING LEAVE TRANSFER</u>	<u>SALARY (PH)</u>	<u>TOTAL</u>
SUPERVISOR	_____	x _____	_____
SPMO	_____	x _____	_____
CIVILIAN PAYROLL OFFICE	_____	x _____	_____

GRAND TOTAL: _____

DONORS (EMPLOYEES SUBMITTING REQUEST TO DONATE LEAVE) (CON'T):

[illegible]

TERMINATION OF PERSONAL EMERGENCY

LEAVE RECIPIENT'S NAME _____ SSAN: _____

ORGANIZATION OF LEAVE RECIPIENT _____

DATE OF RECEIPT OF TRANSFERRED ANNUAL LEAVE _____

DATE PERSONAL EMERGENCY TERMINATED _____
OR

DATE RECIPIENT SEPARATED FROM EMPLOYMENT _____
OR

DATE RECIPIENT RECEIVED NOTICE OF APPROVED APPLICATION FOR _____
DISABILITY RETIREMENT

TOTAL NUMBER TRANSFERRED ANNUAL LEAVE HOURS USED _____

LEAVE RECIPIENT'S ACKNOWLEDGMENT OF UNUSED TRANSFERRED LEAVE

[__] I understand that unused transferred leave will not be used to
compute lump sum leave payment separation.

SIGNATURE

DATE

FIRST LEVEL SUPERVISOR'S ENDORSEMENT OF ACKNOWLEDGMENT

[__] I acknowledge that the leave recipient's personal emergency is
terminated (Reasons attached).

[__] I acknowledge that the leave recipient has been informed and
understands that unused transferred leave will not be used to
compute lump sum leave payment separation.

[__] Leave recipient employment has been terminated

[__] Leave recipient has an approved application for disability
retirement.

SIGNATURE

DATE

Distribution as follows:

- a. Support Personnel Management Office (one copy)
- b. Civilian Payroll Section (one copy)

